

Guidelines for Accreditation of Conformity Assessment Bodies

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# GUIDANCE FOR ACCREDITATION OF CONFORMITY ASSESSMENT BODIES

#### 1.PURPOSE and SCOPE

The purpose of this Guidance Document is to explain how the United States Accreditation, INC. handles accreditation applications for Conformity Assessment Bodies (CAB), evaluates them and how to finalize them. In addition, to inform Conformity Assessment Bodies about preaudit (when requested), initial accreditation, surveillance and renewal processes of accreditation and to explain the obligations of accredited organizations.

#### 2. **DEFINITIONS**

#### Accreditation

Formal recognition by a third party that a CAB meets certain requirements and is sufficient to carry out the relevant conformity assessment activities.

### **Accreditation Department**

United States Accreditation, INC. and reporting to the President; Product / Service and Inspection are each of the Accreditation Department, Laboratory Accreditation Department, System Accreditation Department and Personnel Accreditation Department.

#### **Accreditation Decision**

Decisions concerning the granting, maintenance, partial or complete suspension, partial or complete withdrawal, scope change or renewal of accreditation by the United States Accreditation, INC. Accreditation Decision Board on the accredited members of the CABs applying for accreditation.

#### **Expert Committee**

It is a committee composed of impartial experts who have the necessary training, experience, technical competence, and know the relevant sector in certain areas of accreditation and established to provide technical support services for the development and regulation of the activities of the United States Accreditation, INC..

#### **Audit**

The process by which the United States Accreditation, INC. performs a specific accreditation according to specific standards and / or other normative documents to assess the adequacy of the CAB.

NOTE: monitoring the adequacy of the CAB; Personnel competence of the CAB includes assessment of the competence in all of its activities,



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including the accuracy of the conformity assessment methodology and the results of the conformity assessment.

#### **Document**

All kinds of physical, electronic, magnetic, etc. prepared and / or used to regulate the quality system and accreditation activities or management systems within United States Accreditation, INC.. Information stored in the media and can be reproduced is called a document.

#### **Corrective Action**

It is the activity related to the measures taken to eliminate the reasons in order to prevent the reoccurrence of the existing nonconformity, defects or other unwanted conditions.

#### Surveillance

In addition to renewing the accreditation, a series of activities including the follow-up of the accredited United States Accreditation, INC. continues to meet the accreditation requirements.

Surveillance includes on-site surveillance and other surveillance activities such as:

- a) Research carried out by the accreditation body on issues related to accreditation in the CAB
- b) Review of the CAB's explanations of what accreditation covers
- c) Requesting the CAB to provide documents and records (for example, audit reports, internal quality control results to verify the validity of CAB services, complaints records, management review records)
- d) Monitoring the performance of the CAB (such as the results of participation in the proficiency test).

#### Appeal

The application made by the CAB with a request for a re-evaluation of that decision regarding any negative decision (including the findings of the audit team) regarding the desired accreditation status.

## Minor Nonconformity (ascertained during Accreditation Audit):

Nonconformities that do not have a direct impact on the results of measurement / testing and / or inspection and / or do not directly affect the outcome of activities carried out by certification bodies.

### **Comparison between laboratories**

Organization, performance and evaluation of measurements or tests of two or more laboratories or inspection bodies on the same or similar substances according to predetermined criteria.



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# Significant Non-Compliance (Identified During Accreditation Audit):

Non-conformities that have a direct impact on the results of measurement / testing and / or inspection and / or directly affect the outcome of activities carried out by certification bodies.

### Complaint

It is the verbal or written negative applications made by real or legal persons regarding any performance, procedures, policies, temporary or permanent personnel related to United States Accreditation, INC.'s accreditation activities, any activities related to the accreditation activities of an accredited institution or United States Accreditation, INC. activities.

#### **Case Officer**

United States Accreditation, INC. technical personnel who are assigned by the relevant United States Accreditation, INC. Accreditation Departments, who apply for accreditation at every stage of accreditation activity or are responsible for all technical and administrative contact, coordination and secretariat procedures with the accredited organization. If they meet the required qualifications, technical officers may be appointed as lead auditors, auditors, observers or technical experts.

### **Proficiency Test**

Evaluating the performance of the participant according to predetermined criteria through interlaboratory comparison.

### **Key Activity:**

Processes that affect the competence of the CAB, such as policy formulation, process and / or procedure development and, where appropriate, contract review, planning of conformity assessment activities, review, approval and decision of the results of conformity assessment activities.

#### 3. IMPLEMENTATION

The accreditation process consists of the following main stages. These are;

- Application,
- Preparations made before the audit,
- Pre-audit (when requested by the applicant organization),
- Accreditation audit,
- Post-audit assessments (including follow-up audit),
- Decision,
- Witness,



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#### Renewal of accreditation

#### 3.1 APPLICATION

### **Application Documents**

The CAB, which wishes to apply for accreditation, may provide the necessary information for the application through the United States Accreditation, INC. website through the Accreditation Department.

The documents required to be submitted to our Institution for application are specified in detail in the application forms or application forms required during the application for the related accreditation field.

The CAB applying for accreditation must have established a management system in accordance with the relevant accreditation standard and operated it for at least 3 (three) months.

The application for accreditation shall be made by completing the "Application Form" related to the field of activity of the CAB, the "USACC-FR.02 CAB'S Authorized Person Notification Form" and the accreditation contract (USACC-FR.01 Accreditation Agreement) and signing it by the authorized person of the organization to represent and bind it to United States Accreditation, INC.

If the scope (s) that are subject to the permission of the program owner within the scope of the accreditation applied, the document indicating that the necessary permission has been obtained for the program (s) must be attached to the application.

### 3.1.2 Scope of Accreditation

The applicant CAB should clearly define and define the scope of the accreditation related to the application. Before making the application for accreditation, the CAB should determine the scope of the accreditation clearly with the support of the relevant Accreditation Department.

### 3.1.3 Receiving and review of the application

The application information of the CAB shall be entered into the United States Accreditation, INC. Information System by the appointed case officer. Each application is given a separate file number and this file number follows all transactions in the Accreditation process.

The case officer shall make the necessary resource review and evaluate the application according to the following criteria.

 a) Accreditability of the scope applied (whether the scope is accredited by APAC, IAF and ILAC member bodies is also considered);



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- b) Competence of technical expert and auditor infrastructure,
- c) the necessity of the presence of an expert committee to assess the technical competence of the applicant organization,
- d) The status and working style of the applicant organization is recognized nationally and internationally and compliance with the policies and principles adopted by the United States Accreditation, INC.,
- e) the existence of a mutual recognition agreement, whether the United States Accreditation, INC. provides services in the area in which the CAB requires accreditation,
- f) United States Accreditation, INC.'s cross-border accreditation policy.

In case of doubt, the case officer shall forward the application to the relevant accreditation chairman and, where necessary, the opinion of the working group / expert committee or interested parties may be sought.

If the evaluation is negative for the whole application or in some contexts, the proposal for rejecting the application in whole or in part is submitted to the Directory together with the reasons. The proposal shall be decided by the President and the decision shall be communicated to the CAB with its reasons. This process is not executed for changes / constrictions made in agreement with the organization within the scope of the application.

If the result of the review is positive, the case officer shall notify the CAB. CAB will provide the documents required for application to United States Accreditation, INC. by suitable means.

When the loading of the requested documents is completed, CAB shall inform the case officer. The documents will be examined by the case officer for quantity and any missing documents are notified to the CAB.

These procedures must be made within 1 (one) month following the registration of the application. In case of force majeure, an additional period of 2 (two) months may be given to the CAB.

At the end of this period, if the required documents are not loaded completely, the application file is closed and notified to the CAB.

United States Accreditation, INC. may reassess an accepted application in accordance with the above criteria and reject the application later in the accreditation process as a result of the examination of the documents submitted after the application.

#### 3.2 AUDITING PREPARATIONS



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If the applicant organization has requested a pre-audit, the pre-audit shall be carried out as specified in Article 3.2.1. If no pre-audit request is made, the next stage is proceeded.

#### 3.2.1 Pre-Audit

If requested by the applicant organization, a preliminary audit may be carried out. Pre-audit is a brief audit with limited scope. According to this;

- a) The audit proposal form is prepared by the case officer and submitted to the CAB and mutually agreed.
- b) The audit may normally be carried out by a lead auditor and, where necessary, by an auditor / technical expert.
- c) During the preliminary audit visit, the key staff of the CAB should be available.
- d) During the audit, at least how the management system is applied is examined. The audit team may also wish to see the relevant units and equipment of the CAB.
- e) A separate form is filled in for each nonconformity seen during the audit and a copy is given to the CAB at the closing meeting.
- f) The audit team sent the audit report to the United States Accreditation, INC. within 15 days from the completion of the pre-audit.
- g) The CAB shall communicate in writing to the United States Accreditation, INC. its decision as to whether to continue accreditation no later than 3 months after the audit report has been released.

If the decision is positive, the accreditation process is continued. Otherwise, the file is closed.

### 3.2.2 Establishing the Audit Team

if it is decided to continue the accreditation process as a result of the preaudit, the case officer will start to create an audit team in accordance with the scope of the application so that the uploaded documents can be examined in terms of content.

The audit team in the initial accreditation process shall always consist of a lead auditor and one or more auditors, technical experts and, if deemed necessary by the United States Accreditation, INC., the trainee auditor, observer and technical officer in accordance with the scope to be accredited. The members of the audit team will be able to provide information about their areas of expertise, accessibility status, conflicts of interest etc. with the CAB to be audited from the pool of United States Accreditation, INC. auditors and technical experts.



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The "Audit Team Proposal Form which specifies the audit team and document review fee, is sent to the CAB. The CAB shall sign the "Audit Team Proposal Form" and submit to United States Accreditation, INC., unless there is an objection supported by objective evidence. In the event of an objection to the proposal, the CAB shall forward the objection to the United States Accreditation, INC. in accordance with the "USACC-P-04 Procedure for Control of Records".

If the CAB has any requests to extend the scope after the proposal of the audit team, the request shall be considered by the relevant case officer. The following points are taken into consideration during this evaluation.

- Whether the scope requested by the existing audit team and the extension can be audited,
- Include a new auditor / technical expert in the audit team.

After the evaluation, the audit team is reviewed and renewed if necessary. Extension requests made after the audit is planned and the audit proposal is sent to the CAB are not considered.

# 3.2.3 Audit and Evaluation of Documents and Records by the Audit Team

Following the approval of the "Audit Team Proposal Form" submitted by the CAB,

The CAB's documents are made available to the audit team.

The documents and records are reviewed by the audit team before the onsite audit. Following the assignment of the audit team, document and record review process is concluded within 1 month at the latest.

As a result of the review of the documents and records, the "USACC-RP.03 Document and Record Review Report" is prepared by the audit team.

If significant nonconformities that are detected by the audit team and which may constitute an obstacle for on-site inspection are identified, the audit process is continued after the non-conformities are resolved by the applicant organization. Although it does not constitute an obstacle to the audit, the CAB is expected to carry out some corrective actions regarding other findings, if any. However, such findings may be audited before corrective actions are completed.

In order to carry out on-site auditing, the management system of the applicant CAB has been operated for at least 6 months; Internal audit and management review should be done. In addition, sufficient work must be done on the scopes applying for accreditation and these work records should be submitted to the audit team. If the above conditions are not



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fulfilled, the audit will not be carried out since the adequacy of the organization cannot be reached.

If the audit could not be performed within one year of the application date due to the lack of readiness of the CAB, the application file is closed. The time spent for pre-audit (if performed) is also included. CAB may apply again after the closure of the file if requested.

As a result of document and record review process, audit proposal should be submitted to the CAB within one month after it is reported that it is appropriate to carry out on-site inspection. Taking this into consideration, the CAB should make the necessary preparations for the on-site audit in a timely manner and cooperate with the case officer and the audit team in order to organize the on-site audit as soon as possible.

#### 3.3 ACCREDITATION AUDIT

### 3.3.1 Audit Proposal

After the document and record review, there is no obstacle for on-the-spot audits or after the CAB performs the necessary activities after the document and record review, the audit program is prepared by the technical responsible in consultation with the audit team.

The audit is carried out with the audit team assigned to examine the documents and records in the Audit Team Proposal, except in compulsory circumstances. However, in compulsory cases, the audit team can be changed and new members can be added to the audit team.

The "USACC-FR.06 Assessment Proposal Form", which includes the audit fee determined according to the prepared audit program and the assigned audit team, is sent to the CAB by the technical responsible. After the audit proposal is confirmed by the CAB, necessary preparations are made for the field audit under the coordination of the head auditor.

### 3.3.2 Onsite Inspection

Following the approval of the audit proposal and audit program by the CAB, on-site audit shall be carried out according to the schedule specified in the audit program.

The purpose of an audit visit is to the extent that the applicant organization requests accreditation; to determine whether the management system and technical competence meet the requirements of the international standards based on accreditation as well as the documents (such as; IAF,ILAC and USACC guidance, legal regulations etc.) containing the complementary criteria and to collect the necessary information about the sustainability of the system.



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The audit team meets at the opening meeting, chaired by the lead auditor and the management of the applicant organization. At the opening meeting; the purpose, scope of the audit to be performed on site, the audit program and the participants are informed.

If the CAB operates in other addresses (branches) in addition to its head office, these branches are also visited during the first accreditation audits. In addition, all of the branches / locations where the CAB performs key activities are also visited during the first accreditation audits.

The activities that will be considered as the key activities according to the fields of CABs are given below:

For the Accreditation of Inspection Institution;

- Policy formulation,
- Process and / or procedure development,
- •The first selection process of Inspection Personnel, and where appropriate;
- Review of contracts,
- Planning of conformity assessment activities,
- Review and approve conformity assessment activities,

For the Accreditation of Product Certification Bodies;

- Policy formulation and approval,
- Process and / or procedure development and approval,
- Initial assessment of competence and approval of technical personnel and subcontractors
- Controlling the process of monitoring the competencies of personnel and subcontractors and checking the outputs of this process,
- Review of the contract, including technical review of applications, and identifying technical requirements for certification activity in new technical areas or areas where infrequent activity occurs,
- Certification, including technical review of assessment tasks decision making,

For the Accreditation of Management Systems Certification Body;

- Policy formulation,
- Process and / or procedure development,
- Initial approval of audit staff and control of their training,
- Ongoing surveillance of audit staff,



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- Review of the application,
- Appointment of audit personnel,
- Supervision of surveillance and re-certification audits,
- Final review or certification decision or approval of the report.

For the Accreditation of Personnel Certification Body;

- Policy formulation and approval,
- Develop and approve the procedures and processes necessary for the operation of the Personnel Certification System, including the requirements for selection and appointment of examination personnel,
- Review of contractual arrangements and applications related to assessment and personnel certification,
- Development, evaluation and maintenance of re-certification and examinations,
- Personnel certification decisions, including the signing and approval of certificates,
- Developing and approving policies, processes and procedures for the resolution of complaints, appeals from applicants, candidates, certified personnel and employers, and other parties on the certification process and criteria,
- Making final decision on complaints and objections,

If the accreditation audit organization is a product or system certification organization; the United States Accreditation, INC. Audit Team monitors a certain number of certification audits performed by the organization in the field and finds evidence about the adequacy of the organization's practices and auditors.

During the accreditation audit process, the members of the United States Accreditation, INC. Audit Team make visits and visits to companies / enterprises where certification studies have been carried out by the product or system certification body being audited.

When necessary, the companies certified by the accredited system certification body can be visited and evaluated by the quality of the certified management system and the qualification of the auditing body.

Under the supervision of personnel certification bodies, a certain number of certification activities, including certification examination and evaluation, are monitored by the United States Accreditation, INC. Audit Team and findings are obtained about the adequacy of the personnel involved in the practices and certification activities of the organization.



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The auditors and technical experts involved in the audits of laboratories and inspection bodies conduct the audit by conducting interviews with the relevant personnel and applying the methods in order to determine the adequacy of the methods and personnel applying the methods within the scope of the application. If the scope for which accreditation is requested is large, methods can be selected using the sampling method within the scope applied by the laboratory. In this case, it is important to select the number of methods to prove that the technical competence in the relevant scope has been achieved and to carry out the audit.

In addition, laboratories should participate in proficiency tests or interlaboratory comparisons within the framework of the criteria specified in the "USACC-P-07 Procedure for Proficiency Testing and Inter Laboratory Comparison Programs" as part of the audit.

The findings identified during the audit are clearly and clearly recorded in the relevant United States Accreditation, INC. forms. If the audit team cannot reach a conclusion on the findings, it may refer to the technical officer or the relevant United States Accreditation, INC. Manager for clarification.

Before the completion of the audit, members of the audit team meet to classify the nonconformities found and record these nonconformities in the "Nonconformity and Corrective Action Notification Form".

The site audit is completed by a closing meeting with the supervisor of the supervised CAB, chaired by the head auditor.

As a result of all nonconformities detected and nonconformities, follow-up audit, suspension, withdrawal and so on. The recommendations are disclosed at the closing meeting before the audit team leaves the organization, and the CAB official is requested to sign the nonconformities and the approval of the audit team. If the CAB refuses to sign nonconformities and audit team proposals, it is explained that they may file their objections to the United States Accreditation, INC. in accordance with "USACC-P-02 Procedure for Complaints and Appeals". If the CAB official has not signed, the nonconformities and suggestions of the audit team are reported with the signatures of the audit team without the signature of the CAB official.

The audit team takes a copy and submits the Nonconformity and Corrective Action Notification Form to the CAB for writing the corrective actions and completion dates.

CAB shall send the corrective actions to be taken regarding the nonconformities determined during the audit and the deadline to United States Accreditation, INC. at the latest within 2 (two) weeks after the



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approval of the relevant audit team member and inform the head auditor and the relevant audit team member.

In addition, originals of the Non-Compliance and Corrective Action Notification Forms are sent to the United States Accreditation, INC. by the CAB.

The CAB shall successfully complete its corrective action within 3 (three) months from the date of the audit. Therefore, the deadlines of the corrective actions should be determined in such a way that this period cannot be exceeded by taking into account the feedback from the audit team.

### 3.3.3 Interruption of Audit

The cases where the audit should be interrupted / postponed are listed below;

#### I.Before the audit

There may be critical changes occur at CAB caused by; natural disasters, legal status or change of address, the departure of key personnel, withdrawal of certification requests from client firms where witness audits will be performed.

In this case, the case officer may consult with the relevant CAB authorities and postpone the audit date to the nearest possible date. If necessary, the audit team can be changed and the audit program and proposal are updated.

If the CAB decides to submit the audit or accreditation request after signing the audit proposal, half of the total price proposed for the audit shall be accrued to the CAB and invoiced.

#### **II.** During audit:

The audit may need to be interrupted after the audit has started.

As an example of these situations may be;

- a) The conditions of the audit adversely affect the health of the audit team or endanger the safety of the audit team,
- b) Environmental and safety risks arising from the nonconformity detected,
- c) Although it is declared that it is not ready for audit in terms of infrastructure, personnel and documentation, although the CAB declares that it is ready for the audit,
- d) Lack of sufficient application records in the areas in which accreditation is required and / or preventing access to records by



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the CAB and / or not providing the necessary conditions for the audit team to collect objective evidence,

- e) CAB authorities should ensure that logistics and so on, in order to improve the audit. have not made organizational preparations,
- f) It is determined that the records examined during the on-site inspection are largely unreal, or that the records are partially or completely deliberately misleading, or that deliberately false information and documents or records are submitted, blocking access to the records by the CAB,
- g) To make financial interest offers to the audit team by the CAB, However, the reasons may not be limited to these.

The reason for the interruption of the audit is recorded by the audit team and the CAB officials with a record.

If the audit is interrupted for a reason not caused by the customer, the audit shall be carried out / completed on a suitable date without reflecting any additional fee to the CAB. However, if the CAB does not fully prepare the preparations, does not have the key personnel present during the audit and / or there are other deficiencies, defects or omissions, if the audit is obliged to be interrupted, the audit shall be deemed to have been made in full and in accordance with the provisions of the Accreditation Contract; and the audit is concluded as unsuccessful.

A new audit is planned, provided that the interrupted audit and the first accreditation audit are within one year from the date of application. During the period / scope of the newly planned audit, a reduction can be made by taking into account the parts successfully completed in the interrupted audit. If a new audit cannot be carried out within one year of the application date due to reasons arising from the CAB, the file is closed.

The interrupted audit and the surveillance audit are planned for a new surveillance audit. During the period / scope of the newly planned audit, a reduction can be made by taking into account the parts successfully completed in the interrupted audit. Suspension / withdrawal procedures are applied if the time limits for surveillance inspections are exceeded.

The interrupted audit and the accreditation renewal audit shall be planned within a period of 48 months from the date of the accreditation decision. Reduction can be made by taking into account the parts that have been successfully completed during the period / scope of the newly planned audit.

### 3.3.4 Audit Report



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Audit team members release their audit reports at the latest one month after the audit is completed.

#### 3.3.5 Corrective Actions

The CAB should submit records of corrective actions for nonconformities identified during the accreditation audit to the United States Accreditation, INC. within 3 months at the latest. Each member of the audit team evaluates the corrective action records of the nonconformities identified by him and submits the results of the assessment to the lead auditor by writing to the "Assessment Form".

During the review of corrective actions by the audit team, follow-up audits may be carried out in accordance with Article 3.4, if deemed necessary by the United States Accreditation, INC.

In case the nonconformities cannot be closed successfully within the period, the first accreditation audit should be renewed within one year after the application date in order to continue the accreditation process.

#### 3.4 FOLLOW-UP INSPECTION

Follow-up Audit is an additional visit to the nonconformity, where United States Accreditation, INC. or the audit team deems it necessary.

Follow-up Audit is planned as accreditation audit, but its scope is generally limited to the reasons leading to follow-up audit. Follow-up audit is planned after the CAB performs the relevant corrective actions within 3 months at the latest.

Follow-up auditing is usually carried out to check the implementation of corrective actions with the recommendation of the audit team. However, follow-up audits may be carried out for the following reasons or similar reasons:

- a) In order to support the audit with new evidence, if the audit does not provide full confidence in the adequacy of the CAB,
- b) In case of an insufficient result in a qualification test or interlaboratory comparison measurements (for laboratories and inspection bodies),
- c) if there is a surveillance audit which has not been finalized yet, to confirm that the reason for suspension has disappeared in cases where the CAB's accreditation is partially or completely suspended.

If the nonconformities cannot be closed as a result of the follow-up audit after the first accreditation audit, the audit will be unsuccessful in the scope or in all scopes in accordance with the opinion of the audit team.

If the follow-up audit is based on the findings of the surveillance audit, when nonconformities cannot be closed, suspension / withdrawal



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procedures shall be applied in accordance with the relevant United States Accreditation, INC. procedure.

#### 3.5 ACCREDITATION DECISION

Following the audit team's latest assessment of the field audit and submitting its proposal for accreditation to the technical responsible, the technical responsible shall review the entire dossier and initiate the necessary work for the accreditation decision.

The audit report and additional documents for the audit and the proposed scope are compiled by the technical responsible and the file is submitted to the decision after it is ready for the decision.

All decisions related to the accreditation of the CAB (decisions of granting, maintaining, changing the scope, renewal, suspension, withdrawal of accreditation, etc.) are taken by the Accreditation Decision Committee.

Simultaneously with the decision of granting accreditation, the CAB shall be registered in the list of accredited institutions and the accreditation status shall be published by specifying the scope of accreditation on the web address.

The CAB may make a possible objection to the accreditation decision in accordance with "USACC-P-02 Procedure for Complaints and Appeals".

#### 3.5.1 Accreditation Certificates

An "Accreditation Certificate" is issued to the accredited institutions, including the scope of the accreditation.

The addresses of all the locations of the CAB where the key activities are carried out are clearly stated in the accreditation certificates and / or annexes.

In the accreditation certificate, the decision date is given as the start date of the accreditation. The validity period of the certificate is 48 months from the date of decision provided that the surveillance audits are successful. If the accreditation renewal audit is conducted within the validity period of 48 months, it is extended for an additional period of 4 months.

The validity date of the revised accreditation certificate does not change except the renewal of the accreditation.

After all the documents to be sent to the accredited organization are prepared, Accreditation Certificate and Accreditation Scope documents are sent together with the "Accreditation Certificate Received Form". When the documents are received, the relevant institution official checks the content of the documents, approves the form and sends it back to the technical responsible.



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If any amendment is required regarding the accreditation requirements, the United States Accreditation, INC. will send a "Rule Change Opinion Request Form" to the Conformity Assessment Bodies.

The Conformity Assessment Agencies shall express their opinions on this matter and return the form to the United States Accreditation, INC. The final amendment shall be notified to the concerned parties via the webpage and, where appropriate, a letter.

#### 3.6 WITNESSING

### 3.6.1 Witnessing Activities

Possible witnessing activities include:

- a) Questioning the up-to-date of the documentation in the management system of the organization,
- b) Review of the statements made by the organization in relation to its activities,
- c) Internal audits,
- d) Management review,
- e) Complaints / objections,
- f) Analysis of situations that may cause conflict of interest,
- g) Management of impartiality,
- h) Revised documents,
- i) Corrective / preventive actions (both related to nonconformities in the previous audit and after the internal audit of the CAB, etc.),
- j) Personnel competence,
- k) Legal entity and / or organizational structure of the CAB (if any)
- I) CAB performance records,
- m) To witness some of the conformity assessment activities according to the planning in the Surveillance Matrix,
- n) For laboratory and inspection organizations;
- Documentation and records of comparison measurements and participation in proficiency audits,
- Calibration of devices and references and traceability nationally and internationally,
- Methods, method changes and validation studies.

The first surveillance audit shall be held to the accredited organization within 12 months from the date of accreditation. Routine surveillance



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inspections following the initial surveillance are carried out every 12 months. A maximum of 2 months of deviation may be permitted in routine surveillance inspections following the initial surveillance. (See Figure.1)

For reasonable reasons (request for extension, complaint, changes in regulations and standards related to the field of activity of the CAB, changes in the structure of the CAB, suspension of accreditation, etc.), the supervisory audit may be delayed for more than 2 months, but in this case the following surveillance / accreditation renewal shall be renewed. audits should not exceed 14 months. Although it is foreseen that 3 surveillance audits will be routinely performed during an accreditation cycle, this number may increase for the reasons mentioned above. When planning an audit, the results of the audit performed by another accrediting body, shall be taken into consideration at most three months ago.

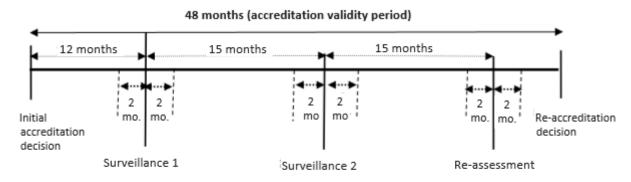


Figure 1: Assesment Periods within the Accretitation Cycle

Supervision audit is planned to ensure that the activities within the scope of accreditation together with the management system are audited at least once in an accreditation cycle. Management system elements; internal audits, management review and assessment of corrective actions are covered by each oversight audit.

In addition to the first accreditation audit, the key branches / locations of the organization are visited at least once in an accreditation cycle (48 months). In subsequent cycles, the inspections of the branches / locations in which the key activity is carried out are similarly carried out.

The CAB shall also consistently meet the accreditation criteria in the conformity assessment activities that it is accredited but which cannot be carried out due to the absence of customers, and submit evidence to United States Accreditation, INC. that it remains competent.



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As in the first audit, the surveillance audit consists of the examination of documents, field audit, control of corrective actions, examination of reports and documents. Supervision audit is planned, performed and reported similar to the first accreditation audit Unlike the first accreditation audit, the audit team proposal is skipped and the audit process starts with the audit proposal; The document review is carried out after the audit proposal and without any feedback to the CAB with the Document and Registration Review Form (unless needed).

Corrective action and reporting periods defined in the first accreditation audit also apply to surveillance audits.

When an important finding that prevents the continuation of accreditation is detected during the surveillance audit, the audit team shall immediately report the nonconformity report "USACC-FR-11 Corrective Action Request Form" to United States Accreditation, INC. The technical officer shall also submit the case to the Accreditation Decision Committee for decision.

The CAB shall send e-mail the corrective action records to the United States Accreditation, INC. within 3 months of the surveillance audit at the latest within the dedicated area allocated to the CAB and inform the technical responsible and the audit team members. The audit team evaluates the corrective actions regarding nonconformities, prepares the audit result report, and addressed to United States Accreditation, INC. If sufficient corrective action cannot be carried out by the CAB within the specified period, the process of suspending the accreditation partially or completely is executed. The case officer completes the report and audit records prepared by the audit team and submits the file to the Accreditation Decision Committee.

#### 3.7 ACCREDITATION RENEWAL AUDIT

The accredited body may request a renewal of the Accreditation Certificate by applying to the United States Accreditation, INC. in writing at least 6 months before the end of the 48th month from the date of accreditation.

The accreditation renewal audit is planned, performed and reported as the first accreditation audit. Unlike the first accreditation audit, the audit process is initiated with the audit proposal without the proposal of the audit team; The document review is carried out after the audit proposal and without any feedback to the CAB with the Document and Registration Review Form (unless needed). Corrective actions and reporting periods defined in the first accreditation audit are also valid for renewal audits.

The scope of the accreditation renewal audit and the number of branches / locations visited are normally the same as the first accreditation audit, but the scope of the renewal audit and / or the number of branches / locations



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visited can be reduced by a maximum of 1/4, taking into account the experience gained in previous audits and recent audits.

In the event that the renewal application is not made and the renewal audit does not take place within 48 months, the accreditation ends at the end of the 48-month period and The CAB's name is removed from the United States Accreditation, INC. web page and its file is closed.

If the CAB wishes to be accredited again, it shall apply for the first accreditation.

### 3.8. SUSPENSION / WITHDRAW / SCOPE CHANGE

# 3.8.1 Suspension, Withdrawal and Narrowing of the Scope of Accreditation at the Request of the CAB

The accredited CAB shall notify the United States Accreditation, INC. of the request to suspend / withdraw / narrow the scope of the accreditation in a letter signed by the CAB official. The request for suspension / withdrawal / narrowing of the scope shall be evaluated by the relevant Case Officer and submitted to the Accreditation Decision Committee for decision.

In an accreditation cycle, the organization may be required to suspend accreditation at most once.

# 3.8.2 United States Accreditation, INC. Suspension, Withdrawal and Narrowing Scope of CAB Accreditation:

#### 3.8.2.1 Suspension of accreditation

- a) Audits or complaints, etc., indicate that the adequacy of the CAB has ceased. detection by objective evidence obtained in another way,
- b) that the structure or activities of the CAB violate the requirements of impartiality in the relevant accreditation standards. detection by objective evidence obtained in another way,
- c) the occurrence of changes in personnel, location, equipment and management affecting their accredited activities, and the assessment of these changes as potential risk by the United States Accreditation, INC.
- d) Changes in the partnership and management structure of the CAB and changes affecting the activities within the scope of accreditation (quality management system, personnel, equipment, etc.) not to notify the United States Accreditation, INC.,
- e) Failure to submit the corrective action records of nonconformities detected during the surveillance audits to the United States Accreditation, INC. within 3 months



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- f) Rejection of planned surveillance audits by the organization,
- g) Failure to comply with the provisions of the agreements signed with the United States Accreditation, INC.,
- h) Failure to comply with the new conditions and criteria for accreditation announced by the United States Accreditation, INC. within the period given,
- i) Not fulfilling the financial obligations of the organization within 2 months from the date of invoice issuance,
- j) Misleading use of the accreditation certificate and the accreditation mark
- k) Interruption of the audit due to reasons not caused by United States Accreditation, INC. and / or United States Accreditation, INC. audit team during the audit,
- I) As manager, decision maker, auditor, evaluator, examiner, document organizer, document / certificate / report approver in conformity assessment activities of the CAB; in the last 3 years to issue false documents, deliberately giving false information, editing unregistered documents, preparing reports on the inspection / examination / test / calibration even if it has not been performed, deliberately making changes to the inspection / examination / calibration / test data. The assignment of persons, whose objective evidence is proven to undermine trust in accreditation and conformity assessment activities,
- m) Misdemeanor crimes such as embezzlement, corruption, bribery, theft, fraud, fraudulent bankruptcy and smuggling crimes, convictions of a person who is convicted of misdemeanors of the tender and performance of the contract, or eligibility to take part as a manager in the evaluation activities,
- n) Inability of the United States Accreditation, INC. to demonstrate the required minimum practice / organize witness audits in the scope of the accreditation cycle to which it is accredited, or to not carry out the conformity assessment activity for which it is accredited for the maximum period,
- o) A CAB certifies any standard (e.g. ISO 17065 or ISO 15189) used as a basis for accrediting CABs,

Cases; the CAB's accreditation is suspended in whole or in part. The suspension period and the procedures required for the suspension of the accreditation of the CAB whose accreditation has been suspended are specified in section 3.8.4.



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### 3.8.2.2 Withdrawal of accreditation

In cases below,

- a) The reasons that require the suspension of accreditation cannot be solved within the period or the corrective actions are not found sufficient,
- b) Failure of the CAB to fulfill its obligations in the accreditation agreement,
- c) the existence of objective evidence that the CAB is fraudulent in conformity assessment activities, or unrealistic records / reports / certificates, etc. proof that they are creating or editing documents,
- d) the CAB deliberately misinforming the United States Accreditation, INC. or providing unrealistic records or evidence to the United States Accreditation, INC.;
- e) the CAB deliberately violates the accreditation rules,
- f) The CAB has deliberately used the United States Accreditation, INC. accreditation mark and / or the ILAC / IAF mark in areas or areas where it is not accredited,
- g) Security problems, natural disasters and so on. In cases, in the case of conditions that weaken trust in accreditation in a particular sector / country / region / accreditation area; unilateral termination of accreditation contracts by United States Accreditation, INC. due to requirements arising from changes in international accreditation rules and policies or sanctions of APAC, IAF, ILAC, the accreditation of the CAB is withdrawn either partially or completely.

### 3.8.3 Decision Making and Notification

The decision of suspension / withdrawal / narrowing of scope shall be taken by the Accreditation Decision Committee. Suspension period is also specified in the suspension decision when necessary.

The notification letter is sent to the conformity assessment body by fax or e-mail and the confirmation of receipt of the fax / e-mail is received by the relevant responsible person. The letter is also sent by post to the CAB's address. The CAB's obligation to meet the requirements of the decision begins with the confirmation by fax / e-mail. In case the confirmation is not received, it starts after 3 (three) working days from the date of shipment. However, if there is an accreditation-branded certificate issued from the date of decision until the date of notification, these certificates should be withdrawn by the CAB since they are not within the scope of accreditation.

Suspension and withdrawal decisions are based on the date in the decision minutes of the Accreditation Decision Committee.



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The CAB may not use the United States Accreditation, INC. accreditation mark in its reports, certificates and advertising documents relating to the scope of the suspended / withdrawn / collapsed and may not refer to the accreditation.

The conformity assessment body notified of the decision to withdraw the accreditation shall return the accreditation certificate to the United States Accreditation, INC.

The certification body whose accreditation has been withdrawn or contracted shall inform its customers of the withdrawal / reduction of its accreditation and its consequences. In addition, in cases where the accreditation is withdrawn, it must withdraw the certificates issued within the scope of accreditation. It should submit the records of its activities to United States Accreditation, INC. as soon as possible.

Necessary revisions are made in the accreditation certificates of the conformity assessment body, where part of the accredited scope is suspended or contracted.

Up-to-date information on the accreditation of the CAB whose accreditation is suspended is published on the United States Accreditation, INC. website.

It is published such as; In the event that the accreditation is suspended completely, in the form of "suspended"; in the event of partial suspension, "some of its scope is suspended"; in case of full withdrawal, it shall be published as "accreditation has been withdrawn" for 3 months from the date of withdrawal".

On the published page, in the event of withdrawal / suspension of the CAB at its own request, an explanation shall be added as "the organization's own request".

In case of partial suspension / withdrawal, the suspended / withdrawn scopes are indicated by the appropriate description after the current scope.

The final version of the accredited scope of the conformity assessment bodies for which the decision to suspend, withdraw, narrow down the scope of accreditation is published by United States Accreditation, INC. on the website.

# 3.8.4 Conformity Assessment Bodies' Applications for Suspended, Withdrawn and Reduced Accreditation Scopes

An application for accreditation of a conformity assessment body whose accreditation has been withdrawn for the reasons specified in Article 3.8.2.2 (c), (d), (e) and (f) shall be accepted at least 12 months after the



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withdrawal decision, application. However, the reasons for withdrawal and previous period registrations are taken into consideration in the new accreditation process.

An application for accreditation of a CAB that has been withdrawn for the second time for the reasons specified in Article 3.8.2.2 (c), (d), (e) and (f) shall not be accepted.

An accreditation application of a conformity assessment body for which the scope of accreditation has been narrowed shall be accepted at least 6 (six) months after the date of the decision regarding the narrowing of the scope. In the event that the applicant organization is determined and reported that the nonconformities have been removed by the audit, the decision to expand the scope of accreditation is made and necessary revisions are made to the existing accreditation certificates.

A 12-month time limit shall not apply to the application for accreditation of a conformity assessment body whose accreditation has been withdrawn for reasons other than those specified in 3.8.2.2 (c), (d), (e) and (f); when the CAB is available and wishes to be accredited again, it may apply.

The suspension of accreditation shall be continued for a maximum period of 6 months. During this period, the CAB should complete the necessary corrective actions and perform the audit. If the audit foreseen during this period cannot be carried out due to a reason arising from the CAB, the accreditation of the CAB shall be withdrawn or its scope shall be narrowed.

After declaring that a conformity assessment body whose accreditation is suspended has eliminated the nonconformities requiring the suspension decision with corrective actions, after the necessary examination, audit and evaluation, it is decided to suspend the non-conformity if it is confirmed and reported. In case the nonconformities cannot be solved within the period, the decision to withdraw the accreditation / narrow the scope is taken.

### 3.8.5 Expanding the Scope of Accreditation

In addition to the existing scope of accreditation, an organization may apply to the United States Accreditation, INC. for accreditation for other work subjects. In this case, it is essential that the organization is only audited in terms of its technical competencies.

Applications for expanding the scope of accreditation are made like the first applications for accreditation. The application for expanding the scope is considered as the first application for accreditation. Where necessary, for the scopes requested in scope extension applications, those related to



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the Documents Requested in the Application must be sent e-mail to the United States Accreditation, INC. before the application date.

If the scope to be extended for laboratories and inspection bodies is the continuation of the previously accredited scope, that is, it does not require any additional methods or capabilities in terms of the measuring ability of the organization, the scope can be expanded by examining the documents submitted by the organization without the need for field inspection.

For certification of Management System bodies, a short-term office audit is carried out for the highest and highest risk groups, and the scope can be expanded by witnessing the certification body's field activities.

In case of application in codes in medium and low risk groups, the scope can be extended by performing a short office audit only.

In other areas, scope extension requests are made according to the relevant United States Accreditation, INC., APAC and IAF rules.

Wherever possible, inspections regarding the scope extension requests of the organization shall be carried out in conjunction with the surveillance audits. However, after the audit proposal for the surveillance audits has been submitted to the CAB, the scope extension requests made shall not be considered together with that surveillance audit. It is expected that the audits that are open to evaluate such scope extension applications will be finalized.

Since the previously signed "Accreditation Agreement" is valid, the new Accreditation Agreement is not issued.

# 4 OBLIGATIONS OF ACCREDITED CONFIRMITY ASSESSMENT AGENCIES

# 4.1. OBLIGATIONS OF ACCREDITED CONFIRMITY ASSESSMENT AGENCIES

The accredited CAB must fulfill their obligations under the Accreditation Agreement signed with the United States Accreditation, INC. Some of these obligations are listed below:

- •Always comply with the relevant accreditation standard, the relevant requirements of the United States Accreditation, INC.'s documents (communiqués, regulations, guidelines, procedures, policies, etc.) issued by United States Accreditation, INC.'s and the accreditation rules set by the APAC at all times.
- •The statement of accreditation should be limited only to the scope to which it is accredited.
- •Use its accreditation in a manner that could damage the United States Accreditation, INC.'s reputation and disrupt any dispute, and



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make statements that may render the United States Accreditation, INC. unauthorized or mislead.

- •In the event that the accreditation is suspended or withdrawn, it may not use promotional materials with information relating to accreditation and shall return all documents requested by United States Accreditation, INC. for the return of accreditation.
- •Prevent the use of its own accreditation in a way that means that a product, process, system is in conformity, or the person has been approved by United States Accreditation, INC.
- •Prevent misuse of any accreditation document, brand (mark), report or part of it.
- •It must comply with the rules set by the United States Accreditation, INC. when referring to its means of communication, such as documents, brochures or advertising materials relating to its accreditation status.
- •The CAB shall notify the United States Accreditation, INC. of its major accreditation of the following significant changes:
  - Legal, commercial or organizational status,
  - Organizational structure, senior management and authorized personnel,
  - Main policies and procedures,
  - Settlement status and resources (personnel and equipment, etc.),
  - Scope of accreditation
- •CAB, the fees to be accrued to him about accreditation "USACC-G-21 Accreditation Fees Guide" are payable in accordance with the Guidelines within the period and conditions specified.
- •The United States Accreditation, INC.-accredited United States Accreditation, INC. shall serve its customers in accordance with the provisions of the relevant standard to which it is accredited, and the requirements set out in the United States Accreditation, INC. rules.
- •The agreement between the United States Accreditation, INC. and the CAB shall not prevent the United States Accreditation, INC. from fulfilling its legal obligations and responsibilities to the third party. All legal, financial and technical responsibility for the use of the document within the scope of accreditation by third parties belongs to the Conformity Assessment Body.



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•The CAB shall maintain records of its activities within the scope of its accreditation for at least 5 years unless there is a different legal obligation.

#### 4.2 OBLIGATIONS RELATED TO THE USE OF SUBCONTRACTORS

### 4.2.1 Use of Accredited Subcontractors

- •The CAB should find out whether the subcontractor is planning to use accreditation and validity period and document the information received. The Conformity Assessment Body should submit these documents to the United States Accreditation, INC. if necessary.
- •In all documents, reports or certificates issued by the CAB, it shall clearly state the results of tests, measurements, inspections or certification carried out by the subcontractor. The CAB itself is responsible for the results of tests, measurements, inspections or certification obtained from the subcontractor.

#### 4.2.2 Use of Non-Accredited Subcontractors

The use of a non-accredited subcontractor is only in special cases. Before using a subcontractor, the CAB shall check and evaluate the adequacy of the subcontractor to be used in accordance with the requirements of the relevant standard to which it is accredited. The results of the assessment should be documented and presented to the customer and the United States Accreditation, INC. if necessary.